DEPARTMENT OF HUMAN RESOURCES

I.D. TAG NO. 433 — Local File Number

Vital Records Unit
CERTIFICATE OF DEATH

136- — State File Number

DECEDENT

1. DECEDENT'S NAME — First: Cyril	Middle: Lyle	Last: COOK	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): November 12, 1988
4. SOCIAL SECURITY NUMBER: 540-16-8468	5a. AGE - Last Birthday (Years): 64	5b. UNDER 1 YEAR: Mos. / Days	5c. UNDER 1 DAY: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Medford, Oregon
7. DATE OF BIRTH (Month, Day, Year): July 23, 1924				

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH	
1 Merle West Medical Center	Klamath Falls	Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
2 Engineer Surveyor	Timber Industry	Married	Alice M.
13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
4 Oregon	Klamath	Klamath Falls	5533 Miller Avenue
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify)
5	97603		White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

6

PARENTS

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Cyril Victor Cook	Eva Mae Hill	Alice M. Cook, wife

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Eternal Hills Memorial Gardens	Klamath Falls, Oregon 97603

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
7 William F. Davenport	47 - 3104	Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

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CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH	24. WAS MEDICAL EXAMINER NOTIFIED?
M	☐ Yes ☐ No

25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)

26. DATE SIGNED (Month, Day, Year)

9

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH	27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
15:15 P M	November 12, 1988 15:15 P. M

28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)

29. DATE SIGNED (Month, Day, Year)	COUNTY
November 17, 1988	Klamath

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30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Wm. A. Bartlett, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601

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31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
George B. Peden, MD, Emer. Rm., 2865 Daggett Street, Klamath Falls, Oregon 97601

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CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

		Interval between onset and death
PART I (a)	Hypertensive Heart Disease	Years
DUE TO, OR AS A CONSEQUENCE OF: (b)	Subendocardial Myocardial Infarction, acute	Hours
DUE TO, OR AS A CONSEQUENCE OF: (c)	Probable Arrhythmia	

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)

Small Intercerberal Hemorrhage; Tobacco & Alcohol abuse

33. AUTOPSY	34. If YES were findings considered in determining cause of death?
☒ Yes ☐ No	Yes

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35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner

36a. DATE OF INJURY (Month, Day, Year)	36b. TIME OF INJURY	36c. INJURY AT WORK?	36d. DESCRIBE HOW INJURY OCCURRED
	M	☐ Yes ☒ No	

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36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

15

36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE	38. DATE FILED (Month, Day, Year)
Nancy Kennedy	NOV 17 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	40. WAS GIFT MADE?
☐ YES ☐ NO ☒ N/A	☐ YES ☐ NO ☒ N/A

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

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DATE ISSUED NOV 17 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Alice M Cook the 18th day of Nov. A.D., 19 88 at 2:36 o'clock P. M., and duly recorded in Vol. M88, of Deeds on Page 19638.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $8.00
Ret: Alice M. Cook
5533 Miller, Klamath Falls, Or. 97603